

BUSINESS LICENSE APPLICATION



THE HOPI TRIBE
OFFICE OF REVENUE COMMISSION
 P.O. BOX 123
 KYKOTSMOVI, ARIZONA 86039
 PHONE: (928) 734- 3172 • FAX: (928) 734-3179

DATE STAMP
2013
BL #:
OFFICE USE ONLY

PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ NEW BUSINESS APPLICANT ☐ LICENSE RENEWAL

PREVIOUS BUSINESS LICENSE #: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____

Business Name: _____
ENTER THE NAME YOU WILL BE DOING BUSINESS AS. / YOU MUST OPERATE AND ADVERTISE WITH THE EXACT NAME LISTED.

MAILING ADDRESS:

PHYSICAL ADDRESS:

P.O. BOX OR STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE NUMBER: _____

FAX NUMBER: _____

OWNERSHIP INFORMATION: PLEASE CHOOSE ONE OF THE FOLLOWING

☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC ☐ LLP ☐ LP ☐ OTHER

*If OTHER, please provide explanation: _____

Name(s) of Owner(s) OR Entity Name: _____

Clearly print name of Sole Proprietor (one individual owner) OR all partner names if a partnership (if necessary, list all partners on a separate page) OR Entity name if a Corporation, LLC, LLP, or LP.

CONTACT PERSON: _____ TITLE: _____

PHONE #: _____ EMAIL ADDRESS: _____

Privately Hopi Owned Business License Applicants: Please complete the following

What percentage (%) of the business is owned by an enrolled member of the Hopi Tribe: _____

Hopi Owner(s) Enrollment Card Number: _____

Businesses wholly owned/operated by a Village or organization of the Hopi Tribe DO NOT need to complete this section.

What type of business will you be doing on the Hopi reservation? _____

Will your business operate from a fixed location on the Hopi Reservation? ☐ YES ☐ NO

If yes, please provide a copy of a lease agreement and/or a space lease agreement or any other document which entitles your business to occupy the space/area from which your business will operate from. A separate application packet and lease information must be submitted for each separate location.

FOR OFFICE USE ONLY

Fee paid: _____ Date Paid: _____ Receipt #: _____

HEPO Approval Date: _____ Date Issued: _____

ORC Approval Signature & Date: _____

Comments: _____

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BUSINESS LICENSE FEE

The fee is based on current contract amount or by gross revenue obtained on the Hopi Reservation the previous Business License year. Please enter awarded contract dollar amount: \$ _____
OR complete report below to determine appropriate fee. **NEW** applicants shall pay the lowest fee.

GROSS REVENUE REPORT

JAN	-	MAR	, 2012	\$ _____
APR	-	JUN	, 2012	\$ _____
JUL	-	SEP	, 2012	\$ _____
OCT	-	DEC	, 2012	\$ _____
TOTAL:				\$ _____

Gross Revenue	FEE
\$0.00 - \$99,999.00	\$200.00
\$100,000.00 - \$399,999.00	\$300.00

Gross Revenue	FEE
\$400,000 - \$649,999	\$400.00
\$650,000 - higher	\$500.00

Failure to enter a contract dollar amount or complete the Gross Revenue Report will result in denial of application.

Please ensure you have submitted the following with your completed 2013 application:

- 1 Evidence of general liability insurance. This does not apply to Hopi owned business applicants.
- 2 Food Service Establishments - A copy of a valid Sanitation Permit issued by the Hopi Tribe.
- 3 Payment of applicable Business License Fee payable to: The Hopi Tribe Office of Revenue Commission.

NEW applicants must contact the Hopi Environmental Protection Office (HEPO) at (928) 734-3632 or by email at **JArrietta@hopi.nsn.us**

I, hereby authorize the Office of Revenue Commission to release my business information to any person inquiring about business related activity ONLY: ☐ **Yes** ☐ **No**

*Please note: The Commission will provide general contact information, but will **not** refer any business to anyone.

I hereby agree to comply with Ordinance No. 17 of the Hopi Tribe and all Village policies that pertain to business activity. I further understand that if my business operations involve the preparation and/or the sale of food to the general public, that I will comply with Ordinance No. 12 of the Hopi Tribe. I agree to not engage in any business activity until I have obtained a business license certificate signed by the Chief Revenue Officer or his/her designee. I understand that operating a business on the Hopi reservation is a privilege and privileges may be revoked for non-compliance of any ordinance and/or policy of the Hopi Tribe. I hereby certify that the information provided in this application and other documents requested is true and correct to the best of my knowledge and any false information knowingly provided by me may lead to prosecution in the Hopi Tribal Court and may result in penalties which may include revocation of my license under the provisions of Ordinance No. 17 and No. 12.

Applicant Signature

Date

lk 8/7/2012